

**LEARNING LAB
TEST INFORMATION SHEET**

DATE: _____

INSTRUCTOR'S NAME: _____

COURSE NUMBER OR TITLE: _____

NUMBER OF TESTS: _____ (Over 10 tests needs to be approved)

TYPE OF TEST:	Telecourse		Make-up		Second Chance (RETAKES)	
	On-line		Proctored		Student Success Center	

PLEASE CIRCLE OR MARK THE FOLLOWING:

KEEP IN FILE Test # _____ Quiz # _____ Computer Answer Sheet _____

Theme Paper _____ Booklet _____ May Write on Test _____ Open Book _____

Two Part Test (1) _____ (2) _____

Do Not Give Out After _____ Time Limit _____

MAY USE: 3x5 Note Card NO Calculator _____ Sheets of Notes _____
Other _____

STUDENT'S NAME or OTHER INSTRUCTIONS: _____
